and costs of treating CVD complications in Swiss patients with and without MS, using the National Cholesterol Education Program Adults Treatment panel III (NCEP/ATP III) definition. The 5-state Markov model utilized predictive regression equations and transition probabilities from the Framingham and PROCAM epidemiological studies. Patient characteristics were taken from the Lausanne Health Promotion Database which consisted of 9401 patients aged 18 to 79 years. Patients in the database were segmented according to their status of meeting the criteria of having MS, CMRF, and their age. Direct medical costs were accounted in 2005 Swiss Francs (CHF). Outcomes were projected over a lifetime horizon and discounted at 5% per annum. RESULTS: The presence of MS was projected to result in decreased LE by 2.29 years (16.27 vs 13.98 years) compared to individuals without the syndrome. The presence of MS was consistently associated with lower LE in all patient age groups. Direct medical costs of treating CVD complications in patients with MS were CHF 4413 higher than patients without the syndrome (CHF 8382 vs. CHF 3969). The largest differences in cost were estimated for patients aged above 75 years (CHF 11,744 vs. CHF 6707). CONCLUSIONS: On the basis of the NCEP/ATP III definition, our modeling analysis concludes that the presence of MS decreases LE (~2.29 years) and increases CVD costs (CHF 4413) per patient in the Swiss setting. These data suggest that the costs of future interventions targeted at the causes/management of MS could be offset by reduced CVD costs.

PCV37

COST-EFFECTIVENESS OF LONG-TERM TREATMENT OF HYPERTENSION WITH IRBESARTAN VS. LOSARTAN OR NO TREATMENT IN DENMARK

Knudsen MS1, Lange M2, Dahl E2
1Musmann Research & Consulting AS, Copenhagen, Denmark, 2Sanofi-aventis, Hoersholm, Denmark, 3Bristol-Myers Squibb, Lyngby, Denmark

Hypertension is a common condition leading to increased risk of excess mortality and morbidity from cardiovascular events (AMI and stroke). Furthermore, it is known that blood pressure reduction of 2–5 mmHg has an impact on the patients risk for cardiovascular events and mortality. In a double blinded RCT irbesartan 300 mg reduced systolic blood pressure by 16.4 mmHg while losartan 100 mg reduced blood pressure by 11.3 mmHg. P value was significant (p < 0.05). OBJECTIVE: To assess the cost-effectiveness of long-term treatment of hypertension with irbesartan vs. losartan in a Danish setting. METHODS: A Markov model was developed using the SCORE risk function to predict cardiovascular events depending on blood pressure level and other risk factors. The effect of irbesartan and losartan was taken from a RCT study with direct comparison (the Kassler-Taub study). In this study, irbesartan was also compared to no treatment. In the model, lifelong treatment was evaluated with either early intervention, when hypertension occurs (age 55), or late intervention after the occurrence of the first cardiovascular event. Health outcomes were number of cardiovascular events, life years and QALYs gained. Danish costs and epidemiological data were applied. RESULTS: Irbesartan was shown to be cost-saving vs. losartan (~€3.950/QALY). Compared to placebo, early intervention was shown to be more cost-effective relative to late intervention. CONCLUSIONS: Long-term treatment of hypertension with irbesartan can be cost-saving compared to treatment with losartan.